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May 18, 2018

Rodger Woock, Chief
Industry Analysis and Technology Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W.
Room 6-A224
Washington, D.C. 20554

Re: Annual Employment Report 2018
FCC Form 395
WC Docket No. 16-233

Dear Mr. Woock:

On behalf of East Kentucky Network, LLC submitted herewith is the company's Common Carrier Annual Employment Report for 2018.

Should any questions arise with respect to this matter, please communicate directly with this office.

Very truly yours,



Pamela L. Gist

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent
 East Kentucky Network
 101 Technology Trail
 Ivel, KY 41642

☐ Check here if this
 is a change of
 address.

2. Year Report Filed
 2018

3. Reporting Period (Ending Date of Pay
 Period Covered by Report)
 01/26/18

4. Number of Full-Time Employees during Selected
 Reporting Period (check one):
 a. ☒ Fewer than 16 (complete Sections I, IV, and V only)
 b. ☐ 16 or more (complete all sections)

SECTION II - Full-Time Employees.

SECTION II - Full-Time Employees.

Job Categories		Number of Employees (Report employees in only one category)														Total Columns A - N
		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1			4						2						6
First/Mid-Level Officials and Managers	1.2			8						9						17
Professionals	2			2						3						5
Technicians	3			21						0						21
Sales Workers	4			24						33						57
Administrative Support Workers	5			20						42						62
Craft Workers	6			1						0						1
Operatives	7			0						0						0
Laborers and Helpers	8			2						0						2
Service Workers	9			2						0						2
TOTAL	10	0	0	84	0	0	0	0	0	89	0	0	0	0	0	173
PREVIOUS YEAR TOTAL	11			78						94						179

SECTION III - Part-Time Employees.

SECTION II - Part-Time Employees.

Job Categories	Number of Employees (Report employees in only one category)														
	Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A - N
			Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers	1.1														0
First/Mid-Level Officials and Managers	1.2														0
Professionals	2														0
Technicians	3														0
Sales Workers	4														0
Administrative Support Workers	5														0
Craft Workers	6														0
Operatives	7														0
Laborers and Helpers	8														0
Service Workers	9														0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11														0

SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.


This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.



This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.)

SECTION V - Certification

I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.

Date
05/15/18

Typed or Printed Name of Person Signing
Jeania Perry

Signature

Jeania Perry

Telephone No.
1-800-438-2355 ext 1155

Title of Person Signing
HR Coordinator

WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).